

AN

INAUGURAL ESSAY

ON

*Read March 1827*

ERYSIPELAS

for

The Degree

of

DOCTOR OF MEDICINE

in the

UNIVERSITY OF PENNSYLVANIA.

---

BY

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OF

PENNSYLVANIA.

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INAUGURAL ESSAY

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UNIVERSITY OF PENNSYLVANIA.

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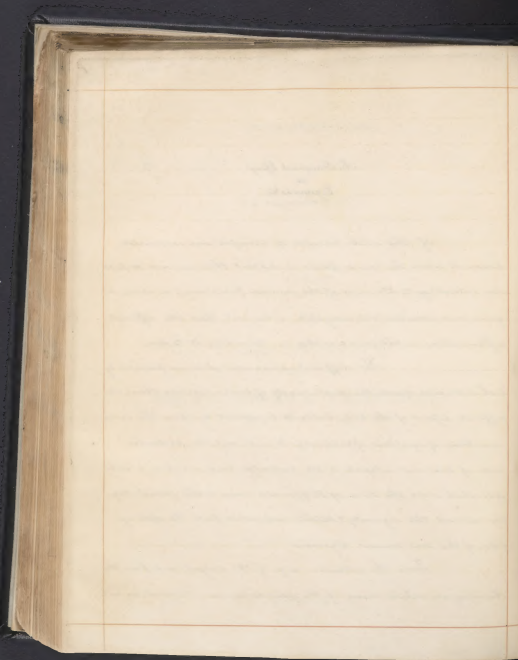
W. B. ENO

An Inaugural Essay/  
on  
Erysipelas, &c.  
~~et cetera~~

Of the whole panorama of described and complicated diseases, to which the human frame is subject, there are some perhaps more interesting to the mind of the medical practitioner, or which require more attention & investigation on his part, than the different inflammations, or phlegmasiæ, as they are termed by Dr Cullen.

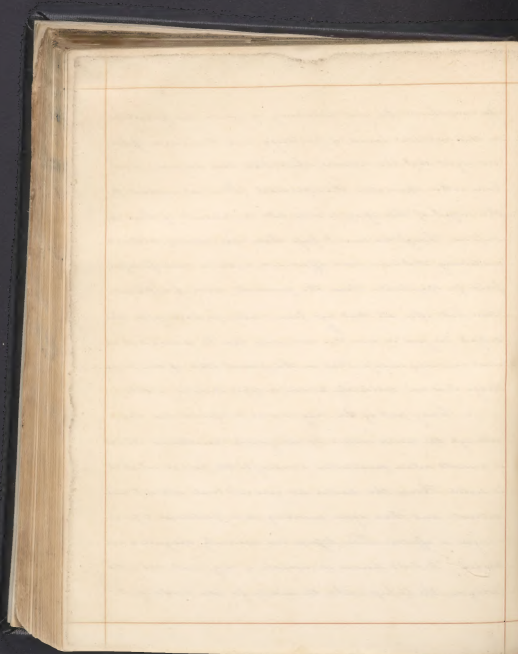
The different appearances, which are presented by each individual species, the great variety of causes inducing them, the different tissues of the body liable to be affected by them, the numerous train of symptoms appertaining to each, and the particular mode of treatment adapted to the particular kind, all from a subject, which, since the time of Hippocrates down to the present day, has exercised the ingenuity & talents, and called forth the skill of some of the most eminent physicians.

From the extensive range of the subject, and from the obscurity in which many of the phenomena are involved, we read



ely comprehend why great discrepancy of opinion has prevailed on this important branch of pathology; and it is matter of sincere regret, that the doctrines which have been advanced, have been rather speculative than practical. It is not material to the subject of this essay, to enter into an account of these discrepancies, though we cannot pass them over entirely, without mentioning, that some have afforded a wider or more fruitful field for speculation, than the proximate cause of inflammation. But after all that has been written or said upon the subject, no just or accurate conclusions can be drawn, and we must candidly confess, that in the present state of our knowledge, it is not distinctly known, in what it really consists.

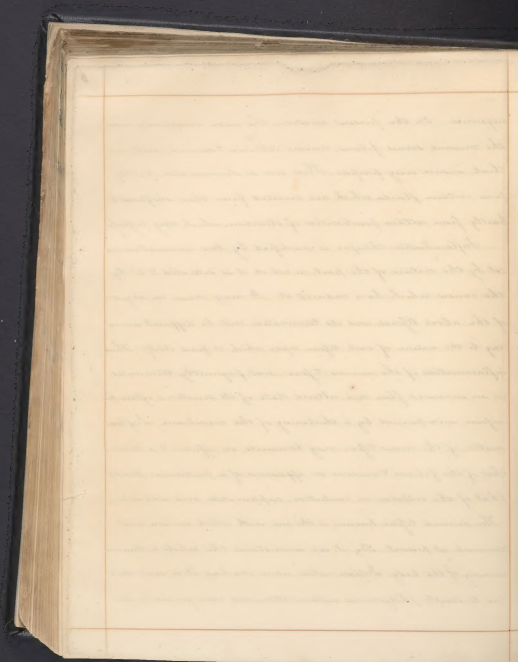
Every part of the body is prone to inflammation, and although the disease attains its own general characters in all, still it presents certain peculiarities, according to the part, in which it is seated. Hence the division into general & local, external and internal, and these again, according as a particular tissue or organ is affected. These tissues are variously designated and divided. Richard's division is considered a very correct and satisfactory one, tho' perhaps rather too minute for many pathological



inquires. On the present occasion, the more simple one, into the mucous, serous, fibrous, nervous, cellular, & dermoid, will, we think, answer every purpose. These are so denominated, partly from certain fluids, which are excreted from their surfaces, & partly from certain peculiarities of structure, which they possess.

Inflammation therefore is modified by two circumstances; 1<sup>st</sup>. by the nature of the part, in which it is situated, & 2<sup>d</sup>. by the causes, which have induced it. It may occur in any one of the above tissues, and its termination will be different according to the nature of such tissue, upon which it fears itself. Thus inflammation of the mucous tissue most frequently terminates in an increased flux and altered state of its secretions, often profuse, accompanied by a thickening of the membrane. Inflammation of the serous tissue may terminate in effusion & adhesion; that of the fibrous & nervous in effusions of a particular kind; that of the cellular in resolution, suppuration, and adhesion.

The dermoid tissue however, is the one, with which we are most concerned at present. By it, we understand the whole external covering of the body. Inflammation when attacking it, is most similar to simple phlegmonous inflammation, and more generally ter-



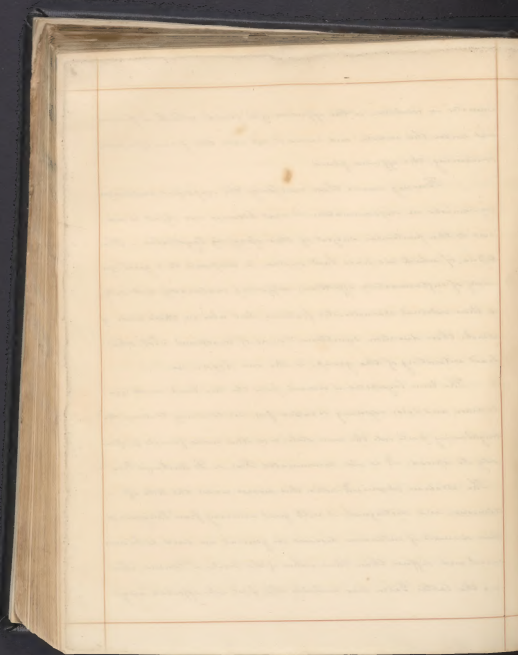


minates in resolution at the effusion of a fluid, which is poured out under the cuticle, and raises it up into the form of a vesicle containing the effused fluid.

Having made these necessary, tho' imperfect preliminary remarks on inflammation, it next becomes our object to advert to the particular subject of this essay, viz Erysipelas. — The type, of which we have last spoken, is disposed to a great variety of inflammatory affections, differing materially, not only in their external characteristic features, but also in their mode of attack, their duration, symptoms, & mode of treatment. Not the least interesting of the group, is the one before us.

The term Erysipelas is derived from the two Greek words *erys* to draw, and *telos* adjoining; so called from its tendency to draw the neighbouring parts into the same state, or in other words, forwads propensity to spread. It is also denominated Rose, or St Anthony's Fire.

The Arabian physicians notice this disease under the title of Almuce, and distinguish it with great accuracy from Phlegmon; & their accounts of cutaneous diseases in general are said to be more exact and diffuse than those either of the Greeks or Romans. Among the latter Galen was probably the first, who afforded any



distinct history of the disease tho he appears to be more anxious to distinguish it from Phlegmon, than to afford any minute description of it.

Erysipelas may be defined to be an inflammatory, cutaneous, and slightly elevated swelling, arising upon exposure, and irregularly circumscribed. The definition afforded by Willan appears objectionable from the circumstance of his considering its variations as an invariable attendant, which, as will be seen here after is not the case. Medical and surgical writers in ancient times paid much attention to the investigation of the difference between this disease & Phlegmon, and this we find likewise to be the case with some of the moderns. According to Galen "Heat & suppuration are symptoms common to both diseases, but the colour in them is different, that of Phlegmon being a red, permanent red, that of Erysipelas a pale red inclining to yellow, which is easily obliterated by a touch of the finger, and which returns, when the exposure is taken off. In Phlegmon the tumour is hard, tense, and painful, in Erysipelas, it extends diffusely with considerable heat and uneasiness, but without tension or throbbing. Phlegmon is seated deeply in flesh, whereas Erysipelas does not penetrate far



"below the skin". These distinctions may be considered the same  
as those made by the more modern authors generally. Quilley  
divides cutaneous affections into two kinds viz. Erythema & Erysipelas  
and the latter again into Erythema & Erysipelas proper: their last  
two differing in the first being entirely a local affection & the other  
constitutional. If the two kinds the one varies from the other in  
much the same circumstances as those mentioned by Finsen, and  
also in their termination. The difference between Erythema  
& Erysipelas seem to depend principally upon the different seat  
of the disease the former being situated in the cellular tissue  
& the latter in the internal surface of the skin communicating  
with the rete mucosum. Willan, without being influenced by any  
hypothesis or theory upon the subject proceeds at once to form  
two varieties. Some of the modern writers also seem very un-  
willing to establish a strict distinction between Erysipelas & Erythema  
on the ground that their symptoms, causes & mode of treatment  
are different. Among them we may enumerate as most striking  
Andral, Broussais & Ferrus & Cooper. The former of these has carried  
his ideas so far, as even to doubt whether Erysipelas ought to be  
excepted among these affections, which possess the specific character



tion of inflammation, I propose that it be determined a *febris*,  
having its own peculiar characteristics. All I. Cooper, on some  
respects agree with the above mentioned author. His views are  
thus expressed: "Though the affection may have such relation  
with the latter disorders, the inflammatory is well not allow it  
"to be considered as a positively separate species of disease, yet  
"if its symptoms be investigated with care it will be found that  
"these relations are sufficiently remote to make Syphilis and  
"Erysipelas be regarded as two very distinct kinds of inflam-  
"mation." I. Cooper in his principles of Surgery has announced  
another very important point and opposed to the one above men-  
tioned. He states that the remote causes of Erysipelas cannot be  
distinguished from those of inflammation in general, and that  
the peculiar state of constitution existing at the time influ-  
ences them in producing Erysipelas or Syphilis. Both his state-  
ments we feel disposed to commend and to consider that the idea  
restating the remoteness of the relation between Syphilis and  
Erysipelas is without a just foundation. If we revert to the  
division which has been made of the membrane and apply  
the remarks which have been offered relative to the respective





seats of Erysipelas & Phlegmon, forming one in the cutaneous layers, and the other in the cellular substance. The reasoning follows, that the one is a disease coming, properly under the head of cutaneous affections or the exanthemata of Sydenham, and the other is a disease belonging to those of the cellular tissue. — But though we should take this view, it does not follow that Erysipelas should be confined to the skin. From the violence of the inflammation, it is possible for the disease to be extended to the cellular membrane beneath, and involve it to such a degree as to cause its entire destruction. In such cases we find that an imperfect purulent matter is generally formed. We must therefore consider Erysipelas as a truly <sup>extensive</sup> inflammatory affection differing, as most others of the class, in its degrees of violence, having its own peculiar characteristics, the symptoms being preceded by febrile symptoms, and arising from a variety of causes both external & internal, but which are of the same kind as those producing common inflammation.

Numerous varieties of Erysipelas have been noticed, in Mr. & I believe forming speculation and unconnected to the particular views of the author. Various accounts of the varieties of



this disease is founded upon the action of the four humors  
 supposed to exist in the body. Willan's division is into four  
 kinds: viz. Prurigo, Pityriasis, Eczema, & Scabies. The first  
 is the first in order affecting the face, breast  
 & extremities, and the latter indifferently any part of the body.  
 Pityriasis, it would seem, has made no particular disposition.  
 Eczema is made a synonyme to the word, eczema, & may  
 mean a gangrenous process. Boissier has two species viz. the  
 "eczema" considering them however as mere modifications  
 of the same disease, and solely dependant for their peculiarities on  
 the condition of the patients when they attack and the extent of  
 the inflammation — and many others might be mentioned;  
 even arrangement was different from any of the above. As Charle-  
 most of these diseases appear to be arbitrary, and their species  
 to be dependant on their local or certain additional symptoms,  
 which have been occasionally observed, & as particular parts might  
 chance to be affected it would perhaps be the better plan to con-  
 sider them as mere modifications of the same disease arising from  
 constitution, situation, habit, &c. and differing only in their grade  
 and locality. He there, on this account, adjoins no particular division.



Erysipelas may attack any part of the cutaneous surface, but of all, the face appears to be most predilect to it. Why this should be the case it is difficult to explain. tho' it is probably from its being so much more exposed than any other, and therefore more liable of being acted on more readily by vicissitudes of weather, one of the most common causes of the disease. As the symptoms are common to the disease, whatever part it attacks, we will describe it when the face is the seat.

The disease commences with the usual symptoms of pruritus, tho' these are sometimes absent; such as redness and swelling attended with fever of heat, a fast frequent and somewhat hard pulse, fixed tongue, a sensation of tension, soreness and pain in the head, loss of appetite, dull throbbing pain in the back & limbs, or sometimes a sense of stiffness or cramp in the neck. Delirium is very often an attendant. The febrile symptoms having continued here one to three days, a redness becomes perceptible, at first of no great extent, next spreading at different places sometimes about the angle of the lower jaw, or on the cheek or at the side of the nose. Each part as it becomes affected rises up to considerable The red-



ness has a mixed line and readily disappears upon the application of pressure but quickly returns when the pressure is removed. It is attended also with a discharging sensation which is of a burning or tingling kind. The scabs extend very extensively over one side of the face or across the nose to the other side; or sometimes it travels over the whole scalp descending in some part of the back of the neck & it may pursue the same course in front, and descend as low as the breast & clavicles. As the scabs spread to other parts it is that decreased & fewer extend to the parts it has before occupied. The scabs frequently become very large and in the end so as to disfigure the countenance of the patient almost entirely. The surface of the tumour is shining elastic & smooth and distinctly circumscribed, and extends to any part of the trunk or limbs. The symptoms may continue for an irregular period the generally from five to ten days, the face suppurates in some form in the appearance of the eruption but continuing still in the same region as at first or increasing in the same rate as the eruption.

The eruption may terminate either in resolution.





in which case a fuliginous matter is thrown off from the  
 and increasing at the edges of the transverse in the pro-  
 portion of vesications which contain a fluid composed of  
 different qualities, at first clear & watery, and afterwards  
 dense coloured & opaque, when discharged liable to excoriate  
 the parts over which it runs. The places on which these  
 vesications have existed, become covered with a red & black  
 ish encrustation. The disease may also terminate in Sep-  
 tation, when it is extended to the corineal membrane.  
 The eyelids are the most part liable to injury from this  
 cause. The disease may also carry its ravages to the entire  
 system even the texture of the eyes themselves, an instance of  
 which will be found among the cases near the close of the  
 essay

These are the usual symptoms, appearances &c of  
 Oxyopelas, when it attacks the face about to the upper  
 & lower extremities are parts in which it is most likely to  
 be seen. When these or any other part, becomes so sore,  
 the same caution with little exception is required.

Exanthemata occur in this disease as well as



in many others; as for instance in some cases the tumour is completely formed on the second day, and vesications appear on it the same evening; in others the eruption will disappear & return again; sometimes both sides of the face are affected simultaneously and sometimes the glands of the face & neck become involved. Occasionally the disease has appeared upon one part of the body as the face, & has been well & perfectly cured; sometimes the lower extremities & arms of the kind are mentioned by Willan & Wilson.

Onicopicea seldom attacks persons before the age of puberty but is rather a disease of advanced life, and is more frequently to be met with in women than in men. Those most prone to it are commonly possessed of a sanguineous or plethoric & irritable habit of body. It is often periodical in its recurrence; and in some instances has occurred once or twice every year & sometimes oftener. The circumstance of its liability to recur is frequently in the same person, has been brought forward as an objection to its having a place among the exanthemata as one of the leading features of the class is that they are incident but once to the same per-



sm. Cullen however has given us no positive reason for his overlooking this circumstance although he says that the exanthemata are of three different kinds, and he places Erysipelas among the second as an eruptive fever produced by a matter generated within the body itself. His very late the direction urged cannot be esteemed a valid one, since we know, that in every large collection of diseases, there are always variations from the general rule.

Erysipelas does not seem to be confined to any particular season of the year. It may occur at any period, tho' it is said to prevail more in the autumn, and whenever hot weather alternates with cold or wet.

The causes of Erysipelas are not distinctly made out; writers disagreeing frequently in their details of them. Among them are required violent passions of the mind as anger, joy, grief &c. exposure to the heat of a fire or to the rays of the sun, or the impingement of a draught of cold damp air, particularly after violent exercise, intemperance, such as diet, evacuation or other causes inducing Asthenia; or it may arise from wounds, punctures, bruises



and injuries of every kind: - it very frequently is induced without any evident cause. In fact the disease may be brought on by any of the common causes of inflammation. Of those which have been enumerated exposure to cold and intemperance appear to be the most prolific sources.

Erysipelas has not by writers generally been considered contagious, but by some, on account of its frequency and the numbers afflicted with it at the same time it has been ascribed to Spontaneous effluvia. In the 2<sup>d</sup> Vol. Med & Chirurgical Transactions an paper is contained which was read by Dr Wells before the Society in the year 1798: and in which are related cases, which had occurred both in his private and Hospital practice. The object is to establish, in some measure the idea of the contagious nature of this disease and the circumstances mentioned are certainly very striking. & 6 positive conclusions are however drawn by him. This he states in a cautious manner; that the facts seem to prove, that "it may at least in some instances be communicated from one person to another": he recommends therefore that attention be paid to them, and that we might in all





inclines to guard against its spreading. An instance  
is also related by Willan, of a young girl having been  
affected with this disease, in consequence of exposure to  
cold, whose mother, her only attendant, was a short time  
afterwards suddenly affected with the usual symptoms.

But, as he states, no satisfactory conclusions can be drawn  
from a single instance and he had not met with another  
one. Dr Willan on this point, thus expresses himself.

"The disease is not commonly contagious, but as it may  
arise from an acrid matter externally applied, so it is  
"probable that the disease may be communicated from  
one person to another". His ideas, and those of Dr Wells,  
appear therefore to correspond. Mr Pearson thinks there  
is reason, from the circumstance of several persons in the  
same ward of a Hospital being affected at the same time,  
to conclude, that it is occasionally an Epidemic disease,  
but is unable to decide whether it is or is not contagious.  
Mr Cooper holds the same opinion. Dr Thomas states  
that some instances have occurred in his practice,  
which induce him to think that Erysipelas is occasionally



contagious and that his supposition is confirmed by certain cases recorded in the Ed. Vol. Medical-Chirurgical Journal. Anstourey, on the contrary tells us expressly that he has met with no facts, which would at all warrant him in a belief of its contagious nature. But although most appear to be so doubtful, whether the disease, as occurring in out door practice, be contagious, yet all agree in declaring it as so common in Hospitals as to lead to a belief either in its dependance on contagion or most certainly on Epidemic influence. It has sometimes been produced in a large number of persons at once in the same ward, where the utmost attention has been paid to cleanliness and to the personal comforts of the patients. In the Pennsylvania Hospital, some years ago Gangrenas increased to such an extent, and appeared to be so invariably a result upon the infliction of a wound, or the most simple operation (as the opening of an abscess or tub) that the greatest care was requisite, and it became in fact necessary for the surgeons of the House to dispense in a whole with the use of the ~~scalpel~~<sup>knife</sup>. It must be evident



to all, who have ever visited this well conducted Establishment, that the disease could not have arisen from any local or impure state of the atmosphere within the ward, or from a neglect of either of the precautions just-mentioned.

We are brought therefore from the above facts almost irresistibly to the conclusion, that this disease is dependent sometimes on a peculiar epidemic influence connected with some general or local state of the air. We have no mention made by writers of our own country, so far as our observations have extended, respecting the occurrence of a contagious disposition in the private cases which have come under their notice—before leaving this part of our subject, we will just remark, that it is said; that the disease can be communicated by inoculation or accidental application of the matter of the vesicle.

We will next proceed to offer some remarks upon the Prognosis and Diagnosis of this disease. The former is to be regulated by the extent of the disease its intensity, and the part, which it affects, that of the face being always the most dangerous. It has been allowed on all sides, that Erysipelas is susceptible of



metastasis from the external to the internal parts, and the degree of danger would appear to depend principally upon the probability of this recurrence. and we are to judge of this by the delirium and vom appearing early and increasing. If neither of these are present the prospects are favourable. If the disease arises in a full plethoric habit of body, commences early, occupies the face, or is attended with unusually high inflammatory symptoms or if the fever be of a typhoid character, the eruption of a very dark colour, if it suddenly recedes from the surface, and is accompanied at the same time with prostration of strength the risk of the patient is great. A pale skin and great advancement in years are also among the unfavourable prognostics. When the swelling has a soft and puffy feel, and extends over a large portion of surface - the vesicles are of a livid or black colour, and contain a fluid of a brownish hue, or when the cellular membrane becomes much involved, the pulse being at the same time weak & quick, great danger is to be apprehended. A suppuration of course is said to be a fatal symptom, and I believe if it be unfavourable as metastases besides taking place from the external to the internal parts are also related to take place from one part of





the external surface to another, an instance of which is related by Boerhaave. The latter author considers the obstinate ulcers and gangrene, which are occasionally sequela of the disease, as dependant either upon a want of care or upon the mode of treatment. When the disease has occupied the face and formed fatal inflammation of the brain and its consequences are to be feared.

With regard to the Diagnosis little need be said. Erysipelas can only be confounded with Ecthema, a phlegmon, of no difference from the latter we have already sufficiently treated. The idea which we entertain respecting Erysipelas is that in its mild form it appears to result from the application of certain poisonous substances, whether animal, vegetable or mineral as the stings of various insects, the different irritating species of plants vines & shrubs found in the forests and other places or it may arise from certain articles of food taken into the stomach. From among the latter, as an instance, we may select Strawberries, ~~as~~ on which, it is well known, occasionally produce an exanthematous efflorescence over the whole surface. This opinion is not conformable to



that of most of the systematic writers, we cannot avoid expressing  
in the above view likewise a mere temporary effect upon the  
skin, without in general affecting the system. Erythema therefore  
can hardly be esteemed deserving a place among the species of  
Erysipelas, as has been supposed by some, which is always a violent  
constitutional affection.

From the variety of opinions entertained by writers on  
Erysipelas, respecting its causes, appearance, spread and test, it  
is not surprising that its pathology should have been involved for  
a long time in doubt and obscurity. Without entering into an ac-  
count of what was in former times the prevailing doctrine, we will  
at once direct our attention to that which is now in a great meas-  
ure in vogue. It is that the disease is invariably seated in the skin  
and is connected with the rest of the constitution or internal dis-  
eases and is connected with a disturbed state of the lymphatic  
system, and perhaps with a morbid condition of the digestive sec-  
tion. The subjects in whom it is most frequently to be found;  
the symptoms indicative of gutta serena, which arises in the  
disease, such as nausea, sickness at stomach, bad tongue &c;  
the resemblance of those persons most liable to it, who are



more to bilious disorders, and the most marked appearances tend to be referred to the various morbidities of the stomach; are all evidences of the gastric origin of the disease. Another circumstance confirming this position is that the disease is very often seen in persons who are intemperate in their habits, as the sequel of some local injury which has been received while in a state of intemperance. If the disease be to a great extent that Dyspepsia is most frequent during the winter when hot weather succeeds cold & damp, it ought to be included as an important fact in favour of the position. Indeed, so much dependence has Dyspepsia upon the condition of the alimentary canal, that a French author well observed, that the disease is often removed by the cessation of the irritating cause from them. The same principle is likewise expressed in yd. thus and by some of the moderns.

Having now given as well as lay in our power a general summary of the phenomena &c. of this disease we will next proceed to explain the mode of treatment to be adopted.

In bilious diseases we have been treated more empirically than in dyspepsia, and there is no one in which the tendency is greater



either, a particular remedy or of a set of remedies has been of a more reflecting character. This may be attributed, for the most part, to the opposite and totally different views entertained respecting its pathology, some considering the renal antiphlogistic state, and treating it as a local inflammatory affection, and others as a general, or constitutional, effluvia, even the treatment of the pathology, which we have signified above, our mode of treatment must correspond accordingly. The remedies employed in the cure of this disease are both general and local. In former remedies will be first spoken of. These are numerous, and the selection and application of them not generally receive much discrimination and even they are to be regulated in their employment by a variety of circumstances among which not the least in importance is the constitution and habit of life. It exhibited neither thus expresses our idea. "Then in acute disease" "where the constitution is severely sound and robust, active means" "may reduce that disease and still leave the system, capable of" "endurable loss, but when an acute disease attacks constitutions" "tender and debilitated, the very shock of such active measures would" "be either immediately fatal or induce a dangerous exhaustion and" "prostration, and in the latter instances therefore it is most careful."





but to combine these moderate means which would then refer us  
 "Hemorrhoids also being considered this compensating the stimulus  
 "made on a system sometimes irreparable" And again "As I suppose  
 "there is a particular practice should ever be allowed to make us  
 "at with the vast degree of ~~irregularity~~ <sup>irregularity</sup> which an acute disease  
 "attends we are enabled to have sufficient for us in such cases  
 "without ~~holding~~ <sup>holding</sup> it but ~~however~~ <sup>however</sup> ~~terrible~~ <sup>terrible</sup> ~~disorders~~ <sup>disorders</sup> & can have as  
 "explanation of many of the local diseases as influenced by the  
 "general circumstances always affords the greatest source of relief."

At the receipt of these sentiments in our own doubt, we do in  
 haste to report that the discrepancy of opinion relative to the  
 use of cupping must in fact at least, attributed to the dif-  
 ferent circumstances under which it has existed.

The indications of cure in this disease we conceive to be,

1<sup>st</sup> To reduce vascular action when too high.

2<sup>d</sup> To promote a determination to the surface of the  
 body, and to support a gentle Diaphoresis.

3<sup>d</sup> To allay excitation and remove irritation.

4<sup>th</sup> To support the tone of the system, and prevent a re-  
 currence in Venous or Syphilitic -



The first of these Indications is to be fulfilled in many of the  
 Cholera, Catarrhs, measles and scarlatina. Great controversy has  
 subsisted among practitioners both ancient and modern, as to the  
 efficacy, or rather the propriety, of the abstraction of blood. By some  
 it is advised, not as an antiphlogistic means but as a remedy  
 intended to abate the effects said to be produced by the  
 stimulus of the disease. Bleeding is recommended by all the  
 later Physicians except Wilson Phillips who states it under the  
 antiphlogistics to be employed and Sydenham employed it indiscrimi-  
 nately during the incense in first attacking Hooper, &c. &c.

The quantity of blood to be drawn is to be regulated by the  
 age and ability of the patient, the part attacked, the state of  
 the pulse, the appearance of the blood when drawn, and the de-  
 gree of inflammatory symptoms. Erysipelas, as it occurs in the  
 great majority of instances in this country, is of an inflamma-  
 tory character, and sometimes very violent, requiring therefore  
 depletion but in some cases (tho' they are rare) it assumes a tu-  
 bercular shape, and then of course opposite measures are necessary.

It is stated that on some occasions the brain is affected in  
 the commencement, giving rise to a supposition of decided insanity



and hence contraindicating the use of the current (But we are directed to not be deceived by this circumstance, and to make use of depulsory measures as at this were not the case. In general from  $\text{Fr}$  to  $\text{Gal}$  will be sufficient to be repeated if necessary. In patients, who are intemperate in their habits or where there is any disposition to melancholia, prevailing caution is requisite.

As regards local or topical bleeding, the recommendations must at were almost universal at one time and this not from any want of confidence in its efficacy but from a fear that the uses of the practice used for this purpose would always degenerate into timorousness and over-generousness alike. But in these many instances of late years has this been proved to be groundless? Among many others we may allude to those related in the *Ed. & American Journal* by a highly respectable and esteemed Practitioner of this city. In the first case, their application was an accidental circumstance, but the result was favourable so much so as to induce him to make trial with them in two other cases, and in which the same benefit was derived from them. In the editorial remarks subsequent to the article, the practice is highly praised & confidently recommended;



and in order to prove its utility, the practice of the French phre-  
nologists is told.

Another means of reducing vascular action is surgery & the  
author mentions one part of the antiphlogistic regimen and its applica-  
tion of by some of the ancients. It is not required that they be of  
an active & healthy habit. As we have suggested the disease to  
supervene in some instances from a diseased state of the brain  
these operations which would tend to assist this would be propo-  
rable and for this purpose there is more safety than against  
It should be performed by some other of a mild and sedate nature  
or Phlegmatic, Sanguine, or any violent state. The extraction of  
blood has been used in some instances to hasten recovery.  
It is most dangerous - as tending to promote the same effect  
as to increase the action of circulating matter, success is a  
rare event. By an early and most judicious after bleeding  
the cure taken with leeches, Trepan and other employed  
then sometimes in the commencement of the disease and sometimes  
when this means has failed. In this case the practice is no various  
but commonly they aimed at evacuating a part of the blood.

As regards treatment in those cases of the nature





by which they are used by Deane. It is his function to act  
 merely, in all cases, as of further benefit involved in a part of  
 water to be taken at intervals. It has the effect of both has  
 being not a constant source used at the same time, reducing  
 some variations by itself, and the practice is stated to have  
 become very successful.

The second Indication consisted in promoting and  
 supporting a gentle Diaphoresis. This is to be done by the warm  
 means - the 1st 2d 3d 4th 5th 6th 7th 8th 9th 10th 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st 32nd 33rd 34th 35th 36th 37th 38th 39th 40th 41st 42nd 43rd 44th 45th 46th 47th 48th 49th 50th 51st 52nd 53rd 54th 55th 56th 57th 58th 59th 60th 61st 62nd 63rd 64th 65th 66th 67th 68th 69th 70th 71st 72nd 73rd 74th 75th 76th 77th 78th 79th 80th 81st 82nd 83rd 84th 85th 86th 87th 88th 89th 90th 91st 92nd 93rd 94th 95th 96th 97th 98th 99th 100th 101st 102nd 103rd 104th 105th 106th 107th 108th 109th 110th 111th 112th 113th 114th 115th 116th 117th 118th 119th 120th 121st 122nd 123rd 124th 125th 126th 127th 128th 129th 130th 131st 132nd 133rd 134th 135th 136th 137th 138th 139th 140th 141st 142nd 143rd 144th 145th 146th 147th 148th 149th 150th 151st 152nd 153rd 154th 155th 156th 157th 158th 159th 160th 161st 162nd 163rd 164th 165th 166th 167th 168th 169th 170th 171st 172nd 173rd 174th 175th 176th 177th 178th 179th 180th 181st 182nd 183rd 184th 185th 186th 187th 188th 189th 190th 191st 192nd 193rd 194th 195th 196th 197th 198th 199th 200th 201st 202nd 203rd 204th 205th 206th 207th 208th 209th 210th 211th 212th 213th 214th 215th 216th 217th 218th 219th 220th 221st 222nd 223rd 224th 225th 226th 227th 228th 229th 230th 231st 232nd 233rd 234th 235th 236th 237th 238th 239th 240th 241st 242nd 243rd 244th 245th 246th 247th 248th 249th 250th 251st 252nd 253rd 254th 255th 256th 257th 258th 259th 260th 261st 262nd 263rd 264th 265th 266th 267th 268th 269th 270th 271st 272nd 273rd 274th 275th 276th 277th 278th 279th 280th 281st 282nd 283rd 284th 285th 286th 287th 288th 289th 290th 291st 292nd 293rd 294th 295th 296th 297th 298th 299th 300th 301st 302nd 303rd 304th 305th 306th 307th 308th 309th 310th 311th 312th 313th 314th 315th 316th 317th 318th 319th 320th 321st 322nd 323rd 324th 325th 326th 327th 328th 329th 330th 331st 332nd 333rd 334th 335th 336th 337th 338th 339th 340th 341st 342nd 343rd 344th 345th 346th 347th 348th 349th 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It is very, in some cases, that the South-Indication requires  
 judgment, when the patient's strength is increasing, while the  
 disease is increasing, or in other words when the symptoms are  
 typhoid. It would appear however that in most of these cases  
 the disease will run its course in despite of all efforts made to  
 arrest it and will terminate either fatally or in the destruction  
 of the parts. There are however temporary such as back,  
 Pains, the Mucous acids volatile Alkali in continuation with  
 various varieties of different fluids - and the like. Each is the  
 principal remedy upon which the London practitioners rely. In cases  
 when some proceed to a point where the communication and its  
 numerous articles to the feet are joined of disease. In cases of  
 such the treatment even the last and best are the use of  
 an emulsion are often found of service. In the treatment  
 of the means we have observed a strict antiphlogistic regimen is to  
 be pursued, such as keeping the feet at least in an elevated po-  
 sition, avoiding warm food and an exposure to cold, antiseptic  
 from various kinds of all kinds, &c. The diet should consist  
 for the most part of the Laxative fluid, Grains or very light  
 & cooling articles. The fluids may be composed of barley water,



the order is positively contradicted with either the vegetable or mineral acids; lemons, solution of tartar in water and others of the same nature.

That we will the remarks we propose to make respecting the general remedies to be employed in typhoid; the local treatment will therefore most engage our attention, and we shall find that, probably much greater diversity of opinion exists in relation to them, than in any point which we have yet touched upon. "However in the great work on inflammation says," "The local or topical treatment of inflammation consists in 'the judicious use of a variety of means, which are termed local or topical remedies, but it is to be regretted that the choice of these means, the place and manner of their application, the proper construction, the length of time they should be persisted in, and the mode in which they should be varied in order to 'obviate the resolution of different inflammations' requires more judgment than most cases attract observation 'as the part of the practitioner, than usually falls to the lot of those who administer them' Here will these remarks apply to our case subject. How so many wounds are unsettled, until we



think, to conduct privately. By one set of practitioners all ex-  
treme operations are strictly prohibited. By another, nothing  
but a very violent practice is allowed, while others again suppose  
them perfectly for some particular remedy to the exclusion of  
all others. The subject on this account, has been for a great  
length of time, and is even now, in a conflicting state, and the fear  
of producing a malpractice, has created the most absurd prejudices  
against one school of practitioners. The characters & attempts  
are said to produce a tendency to dangerous decisions, either  
to hasten the disease, not to see the swelling spread,  
and repellent and cooling not to discharge a collection.

With regard to the latter occurrence it sometimes takes place  
when in calumny application whatever has been made use of,  
and without any current cause. Calumny used nothing, but a  
very manly tender in the morning, and the complaint, for  
the purpose of removing the pain, and for attending the swelling  
until discharged from the vessels and thus preventing it from  
swelling over and excoriated the parts in the neighborhood.

I do, we believe now acknowledge that the remedy fails re-  
sults in fulfilling the first intention, and that it tends to





then to separate the disease, by forming new irritating crusts upon the surface. Mercur is also serviceable to topical applications, and to allay the above symptoms. He merely recommends that the parts be washed with some mild decoction or most a bean and water &c. Aware therefore of the uncertainty and doubts which have rested upon this subject, it became our object to ascertain if possible, by repeated trials of what value any of these remedies were possessed, and how much superiority one had over another, or whether any of these were vague at different periods, or that are now known & used, were really entitled to the appellation of specifics. We will accordingly treat of them separately, and under each remedy, in the cases in which we have known or seen it used.

Those which are most employed at present are 1<sup>st</sup> Emollients as Ave Mart. bala. Troch. and Lin. &c.

2<sup>d</sup> Refrigerants as cold water, or solutions of certain salts.

3<sup>d</sup> Astringents applications, as the Ung Hydragyri. &c.

4<sup>th</sup> Narcotics & obstruents as opium, decoct. of lead &c.

5<sup>th</sup> Blisters. 6<sup>th</sup> Scarifications. 7<sup>th</sup> Emollient cataplasms



to have already spoken of the despatches. The second suggestion  
 enumerated is still a rather important one. There has just been said  
 is understood by some, from a suggestion in the nature of a  
 case a mistake of the disease. But they are of so much service in  
 reducing the explanation and removing the suffering of the pa-  
 tient that the objection has been generally overlooked and they may  
 have been used by some many of our most intelligent & judicious physi-  
 cians. However, we require under some regulations & make them  
 not to which authority we have never been able to make them  
 their responsibility in our present degree, & many others.

And under no more suitable subject for the present, the  
 nature may be more reduced by repeating certain facts in  
 the nature of the disease, & the nature of the disease.

In fact it has been most severely injured by the London Medi-  
 cal Society. The *Hygiene Anatomica* states as the following case:-  
 "There is a case in which the nature of the disease is not  
 known to illustrate this point by mentioning a case which was  
 seen in September 1826, & in which the nature of the disease was  
 known, see the case to which we are now alluding, & in  
 which the character symptoms and most peculiar mode of



Examination of the tissues are exhibited —

Case 1<sup>st</sup> — Feb. 11<sup>th</sup> 1860 — aged 20 — early in the morning  
of the 10<sup>th</sup> January 1860 was attacked with a chill succeeded by  
fever. Complaints of loss of appetite, nausea & bitter taste in  
the mouth. Has taken some cathartic medicine which is operated  
perfectly. Skin warm. & inclined to moisture. Tongue slightly  
moist. Directed to take Pulvis Fend. &c. & afterwards Solutio  
per. No. with free solution with barley water.

Jan. 12<sup>th</sup> — Attacked with Erysipelas of the nose upper lip. & cheeks  
eruption then warm, pulse full. Has not taken the Solutio  
Directed Solutio Sida &c. with free solution. 13<sup>th</sup> Eruption pe-  
ring on the nose & lab. but increasing on the cheeks. Spinal men-  
branes then warm, pulse rather full. Directed Solutio Sida &c.  
continue solution. 14<sup>th</sup> Eruption spread to forehead & ears then  
cool. Sida natural. Tongue clean. 15<sup>th</sup> Eruption more extensive  
on forehead, and disappearing from cheeks. No suppuration as it  
is coverts. Pulse full. Skin warm. Tongue clean. 16<sup>th</sup> Eruption  
moved. Directed Solutio Sida &c. Solutio Sida &c. 17<sup>th</sup> Eruption  
in throat & nose. In the evening the blood presented a slight  
buffy appearance. Several loose stools from the medicine which



... taken in our school. 1822. Supplement to the exhibition of  
European medals of debility. Lower extremities were in a state of  
the patient was convalescent.

Case 2<sup>d</sup>. April 22<sup>d</sup> 1827. Simon V. a male and 1 year old  
of the first growth stage of the European. Slight emaciation, pale  
and thin natural tongue round with a greenish grey border  
from medium. - S. Staphylococcus by chest back of p. stigma  
Buller's key - Symp. Simon. S. - a tall slender boy to be heard  
(23<sup>d</sup>) Coughed badly on the right chest and extending to the  
left, lower part. S. thin natural. Contaminated (24<sup>th</sup>) red, of  
slightly on left side. tongue becomes larger. S. thin natural  
border freely purged. Contaminated. - In the 24<sup>th</sup> Simon very weak  
of the inflammation. diminished, and he was only restricted in diet.  
S. The same idea it will be heard that no signs of  
disease were made in it. - The was treated in this manner until  
next in order.

Case. The subject in this instance was Benjamin B. - a male  
in a nursery in the city. In the 20<sup>th</sup> Sep 1826 he received a  
severe kick from a horse in the back of the neck which, irritated  
him, and when in the act of passing the urine he had against





a plant which produced a wound of the scalp from 2 to 3 inches  
in length a short distance above the right ear. On a day or two he  
suffered from the immediate effects of the accident, and was almost  
incapable to his comfort. Oct 2<sup>nd</sup> he again desired medical atten-  
tion, supposing the inflammation of the head & scalp having risen as  
the day previous. The face was much swollen & inflamed: the eye  
lid almost closed, considerable heat & smart in the part, pulse full  
and rapid, suppuration directed chiefly to the eye & applied cloths  
wet with cold water constantly to the face & application to the wound  
Nov 2<sup>nd</sup> The swelling somewhat subsided. Continue with great improvement  
December 1<sup>st</sup> Little and continue application 7<sup>th</sup> Fairly very traces of  
the disease perceptible the wound ceased suppuration - 17<sup>th</sup> Entirely  
recovered.

On that head affluents were abundant in the ear  
then. Since then have been so little considered by most writers  
both ancient and modern, not so just as definite reason has been  
in the case of many. The ear is very important as it is not possible  
when there is made use of of late years there should be  
of these substances are less safeguarded and common-sense  
have been less introduced into practice, and more proved that



and remedies for relieving the pain and excitation, and was as it is said, in getting about the progress of the disease. The credit of introducing them into this country is mostly due to Dr. Isaac Stille of Pennsylvania, the former of I am to say, was the father of the remedy. They contrast the numerous treatment. The case in which it was used by Dr. Stille, is published in the first Number of the Medical Liberator in 1846, and particular notice is given by others of them for selecting this preparation, but they state in the most laudable & positive terms that their success with it was almost universal. This accounts for recommending the medicine of those who have ever come to them.

Even employ the remedy indiscriminately either in the inflammation of the blood stream. Their testimony being so unanimous and their reputation in high standing confidence was placed in their mode of treatment and it became the almost universal one in this city. The results made with it answered selection generally were it found it was obtained almost a cure for the disease. Other indications of mercury were also made use of as the same treatment met with success. It became a question at this time whether the cure obtained of the remedy was to be attributed to the mercury or the dose. Experiments were therefore made with both and both were



used to remove the tartarous. Relations of various substances were  
 stated in many instances with great benefit. This latter appli-  
 cation is supported from a note subjoined to the extract above alluded to,  
 was made use of by Dr. Schell of this city for many years and with much  
 success in the preparation of it 1/2 of 1/4 of water. The editor also states his  
 being now experienced in its efficacy. Dr. Manning is supposed to rest  
 upon the principle that no two actions of a different nature can ex-  
 ist at the same time, and we must therefore yield to the other.

In one of the English Journals, where notice is taken of the treat-  
 ment adopted by Dr. Leau and Little of treating the disease by this  
 topical application, it is observed, that all Dr. Boerhaave had found it effec-  
 cious, but that it was attended with the serious inconvenience of in-  
 flaming calculation. This circumstance is also mentioned by Dr. Leau,  
 and it will be seen that on one of the notes to be found below  
 something like calculation did occur. It is also stated in the same  
 Journal that it occurred to all Dr. Boerhaave that the benefit derived  
 was due more to the Adrease matter than to the metallic matter,  
 in employing a double treatment in many instances he found his  
 idea correct. He also remarks that after its application, the  
 inflammation almost immediately subsided and the disease ceased to exist its



stages more gradually than under previous circumstances. In previous  
 attacks, such as have occurred in mild cases, some more or less  
 the muscular contracture was employed.

Case 1. — A woman, 40 years of age, was attacked with  
 symptoms of the form on the 18<sup>th</sup> June 1827. For a day or two previous  
 she was affected with the usual symptoms of pain in the head,  
 nausea, 'aching at stomach' and for some time, appetite. On the  
 18<sup>th</sup> a vomiting began in the night, the first being the case, followed  
 by a second and third vomiting, which continued, and in the third  
 the 'aching at stomach' was taken away. The patient was taken down  
 of pills. I ordered to continue the pills with one direction to abstain  
 for but not to alter the muscular contracture. At the first and  
 second, the stomach increased, the vomiting and pain began again,  
 and on account of 'aching at stomach' continued. On the third  
 day in the morning, directed that she was to have one of the  
 'aching at stomach' pills. On the next day, 20<sup>th</sup>, the vomiting disappeared  
 and on night side of the face, but affecting the left side rather  
 than the right. On the 21<sup>st</sup> the vomiting was continued, and on the 22<sup>nd</sup>  
 directed to have one of the 'aching at stomach' pills. On the 23<sup>rd</sup>  
 the vomiting was continued, and on the 24<sup>th</sup> the vomiting was continued.





and in the scalp & back of the neck eruption had spread, and a most  
 acute follicle, several teeth, procured for medicine. Great quantity  
 of salivary and cutaneous secretion (2<sup>nd</sup>) Eruption on face and  
 body acceptable, continued until 10<sup>th</sup> day. On the 23<sup>rd</sup> discharge.

In the above case, the patient has been attacked several  
 times in the course of a year about recent and stated that of all  
 diseases, erysipelas he had ever made use of the medicinal  
 treatment described last.

Case 2<sup>nd</sup> - 1827. - Eruption on the face, neck, and  
 July 1 1827] with acute and various secondary symptoms of erysipelas  
 swarms on his face then hot, full, and tender, more than three times  
 with this morning. Stated that he had a History of Erysipelas  
 in the evening blood very vomiting ceased, could not work  
 then hot, full, full, cutaneous powder used at bedtime took

Relief at 10<sup>th</sup> day. 10<sup>th</sup> day, skin of face, neck, and body, very  
 moist, hard, 12<sup>th</sup> day. Erupted tolerably first night one dark stool.  
 then hot. Dr. Joseph Morgan by 18<sup>th</sup> day. Medicine given  
 but with the first discharge being dark and the succeeding  
 ones natural as to colour, then cool, and in complaint violent  
 & full - a remission of fever with delirium & great restlessness,



and impatience, more mental than corporeal. At 12 o'clock  
Sept 28th. Oct 2. Spermatic m. in 24 hrs. Again up at 11 o'clock  
Sept 28th. Oct 2. frequent full pulse below swelling, dark stools,  
and uneasiness in the right side of the neck to Hydrarg. taken  
for every hour. On 3d August 3, in banded doses. In the evening  
stomach composed several dark stools from Medicine. Sings, pale  
of night in and sleep. Slight Movement continued & continues  
10th. Slight a bad night, much delirium, inflammation not de-  
cided, perhaps from the action of the medicine, but extending grad-  
ually towards the middle lobe. Some hot stomach composed, &  
stools dark. & 11 days (11th Sept. Oct 2nd 1) - (12th Sept. Oct 3rd)  
11th. Late 1/2 every five hours and continue treatment; 12th. Had  
rather a bad night, considerable delirium, inflammation ex-  
tended to the margin of the nose, then not so warm, pulse not  
so full, tongue brown, continued about frequent dark stools.  
Continued 13th. Slight a tolerable night, inflammation exten-  
ded to the nose, then very little above natural temperature  
more rather frequent complaint of considerable discharge of watery  
saliva from the mouth, no mercurial fever, several stools of a  
lighter colour. Continued 14th. Fever not and more, pulse soft







a warm solution of opium. Dr. Thompson in one of our Dispensaries lately informed us, that he had been in the habit of using for the last fifteen or twenty solutions of opium & acetate of Lead, in one ʒ. of oil of Sweet Almonds in a pint of water, with almost invariable success. No cases of metastases ever occurred to him from its use, and he has employed it in very many; in one case the inflammatory symptoms were subdued in less than 24 hours.

I have only one instance in which the powers of opium alone have been tested as an external application.

Case. Catherine A. - About 1822, attacked with dyspepsia or the same disorder, frequent and fair pulse. Directed about ʒij of Dr. Sydenham's ʒij. about last yrs. about ʒiij. This ʒij every five days & apply solution of opium ʒij. Colic pains produced several such doses during and amongst increased evacuations blood, tongue dry. Then cold Catarrhs. 7<sup>th</sup>. Showers of sweat, less severe; but returned. Directed about ʒiij. Catarrhs. 8<sup>th</sup>. Dyspepsia disappearing when food & pulse returned. Continue application 10<sup>th</sup>. Improving rapidly.

The next external remedy in proper is a part of our history. These have been either applied directly to the part affected, or sometimes in its vicinity. They are supposed to act on the part





[illegible]



derived from these nations cannot meet when together as in the  
markets of Antwerp the disease is most it would be better to shut  
the windows of the houses & when the people are suffering from the  
pendant of the intensity of the disease, it would be better to shut the windows  
than the house itself would be able to stand. It should appear however  
that the people would very frequently be made by the disease to  
them. But however much we are aware of their being exposed  
from their situation when placed near to the front of the disease  
passing from Antwerp must be very great, especially when  
the "Antwerp disease" is a great extent. But even here they  
ought not to be more than the victims of Antwerp disease  
have been subjected by the disease and the disease.

It is not necessary to mention Antwerp disease without  
referring to the other parts of it in some. There are Antwerp disease & there  
is Antwerp disease & the disease is Antwerp disease. It is not  
them to be made of the disease of Antwerp & the disease of Antwerp  
is not made with Antwerp & Antwerp is not made of Antwerp  
in the city. It is generally supposed that Antwerp disease is best



discovered and introduced into practice by Mr. Walbourn is recorded in  
various in the case of Sympson but from enquiry it appears that  
[though etc] It was not known of the fact till far back in the time of  
a Friend a practice similar to his proposed. In the latter in his  
History of Sympson [inserted in 1798] observes that "in an Sympson's disease  
"by the part when the membranes are united and thickened with  
"union the inflammation in a very sudden and surprising manner"

The operation consists in making according to the demand extent  
and the part affected, a number of fine longitudinal incisions from  
in each is an inch and a half or longer than the integument  
taken to the muscles, & previous to the formation of any matter

The method is said by him to be of great utility but so far as  
we know has been little practised by others. In fact we can hardly  
suppose the remedy to be applicable to the disease when occur-  
ing in the face not to some extent. "We should be cautious how  
we attempt the face to be so much exposed" & would not except it in  
those cases <sup>where</sup> ~~where~~ the disease was seated upon the integument and  
not which improved to local exposure.

This operation can not much at the time I say  
is the subject of the treatment of Sympson. The details of the



so from the time of attack until the patient was admitted into the Hospital were furnished us by Dr. W. of this city. It is curious and the last part is interesting from its containing all the peculiar topical applications which have been mentioned and also all sorts of hints to what an extent the disease may be carried involving a woman in pain and threatening even the life of the patient.

Case. "All report from a patient on 28<sup>th</sup> day with a slight improvement of the right side of the face proceeding as she reports from wearing a ring of lace water in her ear which had been used a few days previous. On the 28<sup>th</sup> evening I was called in the morning had travelled up to the right eyelid which was much better. The skin was of a deep red large and had a sensation of burning there was a pain, itching and thirst the tongue was heavily coated with a white fur on the sides and a livid circulation in the centre. The pulse was rather full and strong. Incontinent until noon there was no vomiting and pain in the head. She was led to the window of day and took an Omelet 28<sup>th</sup>. The dyspnoea had increased the lower extremities were the more and up to the forehead slight redness & watchfulness. She was treated with Iodine to be washed off with Lemon and Manna. It took up time looked in a strong position of





The eye, which was kept constantly applied to the inflamed part and she was allowed warm catarrhal water to wash. On the 26<sup>th</sup> there was still no abatement of the disease. Directed a leucine pelopon machine consisting of Cotton Balls & the same Tissue Paper. The leucine were discontinued and the mercurial treatment was applied. On the 27<sup>th</sup> the disease had reached the left eyelid and side of the face the inflammation was very considerable. The same treatment continued. On the 28<sup>th</sup> there were some indications of approaching gangrene and a blister was applied over the whole face, the drawing of which produced considerable relief. On the 29<sup>th</sup> a large slough had separated on the left eyelid. The left eyelid which was threatened with extension of fester was scarified with a lancet, and a cloth being put of a strong solution of Epsom Salts was applied to the whole face. The Demerol and Tincture of Opium was administered which produced the first cure since the patient had experienced since the first attack. The next day the patient was removed to the "San. Hospital."

At the time of her admission into this establishment when we first saw her the disease was at its height, it being the 5<sup>th</sup> or 6<sup>th</sup> day.

The inflammation and suppuration was extended over the cheeks, temples and forehead, and the whole appearance of the patient was disgusting.



The circular membrane in both lids was in a sloughy state & was  
and afterwards formed a sort of double seen membrane. The eye was seen to  
much swollen that the inner surface of the eye was not to be perceived.  
It is however in a short time somewhat subsided, when it was found that  
the right eye was safe; but the left had its conjunctival covering yellow  
red and granulating, with a small abscess in it. the cornea was also in  
a sloughy condition. The treatment, during the three first days of her admission,  
consisted in moderate purgery, applying cloths moist with a solution of acetate  
of lead to the part, and allowing her a light and nourishing diet. To destroy  
the exuberant granulations, the nitrate of silver was applied. (June 2<sup>d</sup>) St Lashes  
began to be applied to both sides of the face around the eye which soon  
proved and was of considerable benefit. (3<sup>rd</sup>) The swelling more reduced  
left eyelid still much swollen a simple instrument directed to it (3<sup>rd</sup>) Inflammation  
& swelling still more reduced on face & other parts except the left eyelid,  
which suppurates & discharges though some pain felt in it. Leeches again  
directed, and after their application a poultice: bowels kept open &c. &c.  
(3<sup>rd</sup>) Lancinating pains felt in the diseased eye: not much benefit derived  
from the previous applications. The solution of acetate of lead had been  
again resorted to: and its use was alternated with that of an infusion  
of Hops. & blisters directed to the part. This latter producing little effect.



was thought advisable on the 20th to commence with a course of leeching. Accordingly Salivary & epian was directed on the prepuce of the penis. The first of 20 ft blood was - one to be taken twice a day & active purges at night. An improvement took place until the mouth became touched by the mercury, when its beneficial effects became manifest, in relieving the swelling. He became so faint the patient was allowed a generous diet and a solution of nitrate of silver was applied four or five times under the 2d. prepuce  $\frac{1}{2}$  to  $\frac{3}{4}$  grains. After this latter treatment the disease was cured and the patient recovered his health & strength. Perhaps we may say in relieving the integrity of an eye at last.

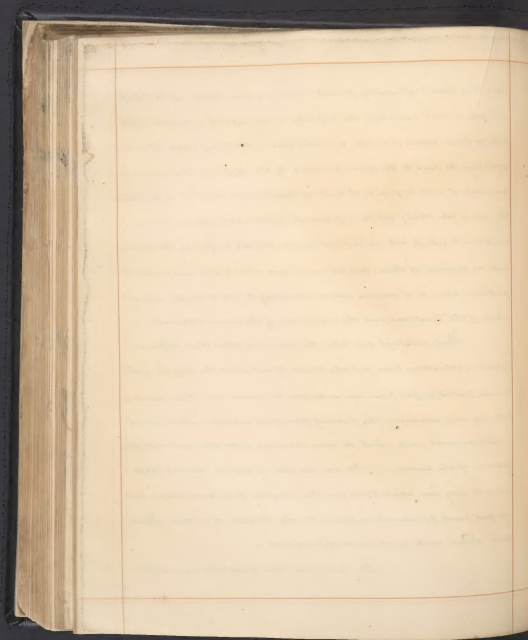
But after all that has been said particularly on the topical treatment of Syphilis, what conclusions are to be arrived at? The results of our cases at least will not warrant us in acknowledging the superiority of one external remedy over another, in any thing our dependence on any one medication merely in respect to any one is a stimulus for the disease. In fact, as in other inflammatory affections, so in Syphilis, all remedies are more or less similar. There is no very distinct of specific remedies, but experience cannot certainly be regarded a specific disease, no,



hope, has been sufficiently proved: and we can safely assert that all the notions respecting the propriety or impropriety of certain applications have arisen from the erroneous idea of its being such. If a strict attention be paid to the effects produced by the different local means commended, it will be found, at least in most instances, if not in all, [under] the use of the strong solution of acetate of Lead and opium prove an exception, & which acts as a pure repellent of the eruption; the disease will, in defiance of them, run its course, and will travel over various distances, and be of various extent, according to the intensity and duration of the <sup>primary</sup> symptoms, and the constitution of the person attacked.

But although we take this even viz that these different topical applications have not the power to cut short the progress of the disease, yet it is far from our intention to undervalue their merits in relieving and soothing the burning pain and irritation, which are always experienced, and which, on some occasions, form the most distressing features of the disease. We are unable to give a decided preference to any one application for this purpose, from experience; but we feel most favourably inclined to the solution of acetate of Lead and opium, made weak and applied cool. —

We have now offered all the important





information which we have been able to obtain respecting Cynopelas.

The authorities we have consulted are numerous and respectable. The extracts we have made from them are copious, and, as we believe bearing upon the subject, and although the remarks which we have ventured to make are imperfect and presented with diffidence, yet a confident hope is entertained that you will, on the present occasion, extend that liberal indulgence you have ever shown to the expectations presented by the candidates for medical degrees.

